

# EXHIBIT KKK

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME FIRST) BALHAZOR JAMES		SOCIAL SECURITY NO. 215-98-76P2	
PRESENT ADDRESS 213 HALL DR	APT. NO.	CITY HANOVER	STATE PA ZIP 17331
PERMANENT ADDRESS	APT. NO.	CITY	STATE ZIP
ARE YOU 18 YEARS OR OLDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHONE 717 630 8436	

## DESIRED EMPLOYMENT

POSITION MANAGEMENT TRAINEE	DATE YOU CAN START	SALARY DESIRED 350-400 WEEK
ARE YOU EMPLOYED NOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input checked="" type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	COCKEYSVILLE JR HIGH	4	YES	
HIGH SCHOOL	DULANEY HIGH SCHOOL TIMONDIUM MD	3	YES	GENERAL STUDIES
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

Adams  
9288

(Jan. 1992)

Application For Employment

CONFIDENTIAL

LA-0059941

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER <b>SHEETZ</b>			
ADDRESS <b>1191 CARLISLE ST</b>		CITY <b>HANOVER</b>	STATE <b>PA</b>
STARTING DATE <b>OCT 97</b>		LEAVING DATE	JOB TITLE <b>DEPT. MGR</b>
WEEKLY STARTING SALARY <b>7.90 HR</b>	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR <b>HELEN SMITH</b>		TITLE <b>GENERAL MANAGER</b>	PHONE
DESCRIPTION OF WORK <b>INVENTOR CONTROL, ORDERING, RUNNING SHIFTS</b>			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER <b>APPLEBY PATIO ENCLOSURES</b>			
ADDRESS		CITY <b>YORK</b>	STATE <b>PA</b>
STARTING DATE <b>SEPT 97</b>		LEAVING DATE <b>OCT. 97</b>	JOB TITLE
WEEKLY STARTING SALARY <b>\$4.00 DR COMM.</b>	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR <b>MARK</b>		TITLE <b>OFFICE MANAGER</b>	PHONE
DESCRIPTION OF WORK <b>SELL PATIO'S</b>			
REASON FOR LEAVING <b>NOT STEADY WORK</b>			

NAME OF PREVIOUS EMPLOYER <b>COMBINED LIFE INSURANCE</b>			
ADDRESS <b>5050 N BROADWAY</b>		CITY <b>CHICAGO</b>	STATE <b>IL</b>
STARTING DATE <b>MARCH 97</b>		LEAVING DATE <b>AUG. 97</b>	JOB TITLE <b>SALES MAN</b>
WEEKLY STARTING SALARY <b>COMM.</b>	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR <b>DENNIS SHAY JR</b>		TITLE	PHONE
DESCRIPTION OF WORK <b>SELL AND SERVICE CUSTOMERS</b>			
REASON FOR LEAVING			

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## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1	HARRY HANSFORD	6373002 2123 GRANDVIEW RD		1 1/2
2	JEFF NEWBERRY	410 6670271 29 PICKBURN CT COCKEYSVILLE MD 21030	PHONE COMPANY	17
3				

## SERVICE RECORD

BRANCH OF SERVICE	US COAST GUARD	DISCHARGE DATE RANK	E-2

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

☐ YES ☒ NO

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

7/23/98

SIGNATURE

James Butthage

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